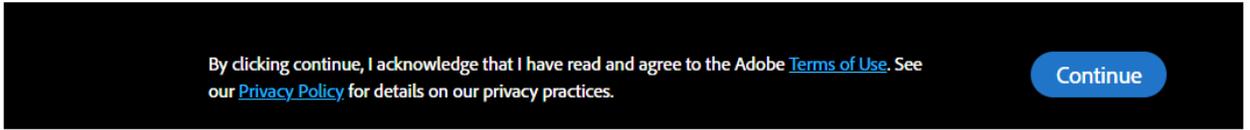


Fillable Form Instructions

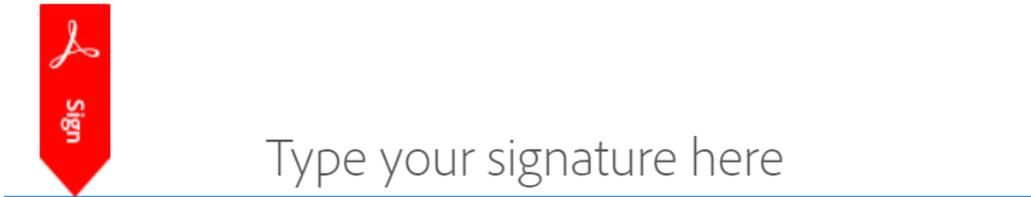
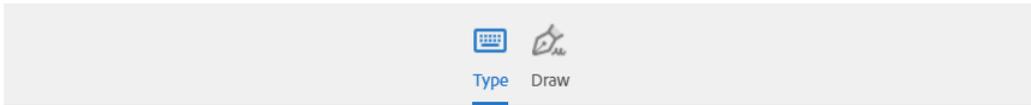
1. Click on the form.
2. Click "continue"



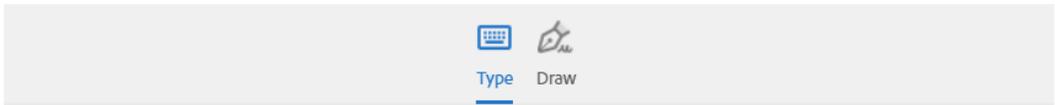
3. Complete fields within form.
4. Click on signature line.



5. Type your signature.



6. Click "Apply".



Clear



7. Click "Submit"

I hereby attest that this information is true and correct. I understand that any false statements that I make and any failure on my part to report changes in circumstance which affect my eligibility could result in my being responsible for reimbursement of services provided and/or ineligibility for services. I understand that if I am determined eligible and my situation should change before my annual review date, it is my responsibility to notify the Behavioral Health Provider so that eligibility can be reevaluated. Eligibility could be affected by increases in income, changes in the number of persons in the household, and/or any other significant change in financial circumstance.

Client or Parent/Guardian Jane Smith Date: 02/28/2023
Jane Smith (Feb 28, 2023)

By form filling, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with State of South Dakota Bureau of Information and... Submit

8. Enter your email address.

Enter Your Information



Please enter your email and then click to submit this document.

Cancel

Submit

9. Click "Submit"

Enter Your Information



Please enter your email and then click to submit this document.

Cancel

Submit

10. Notice

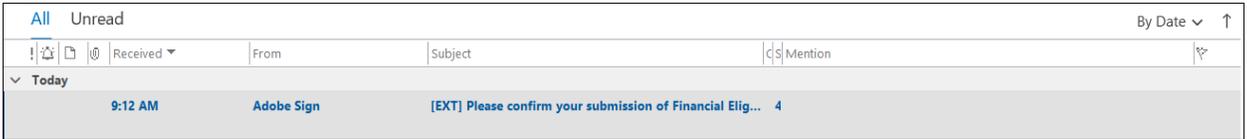


Powered by
Adobe
Acrobat Sign

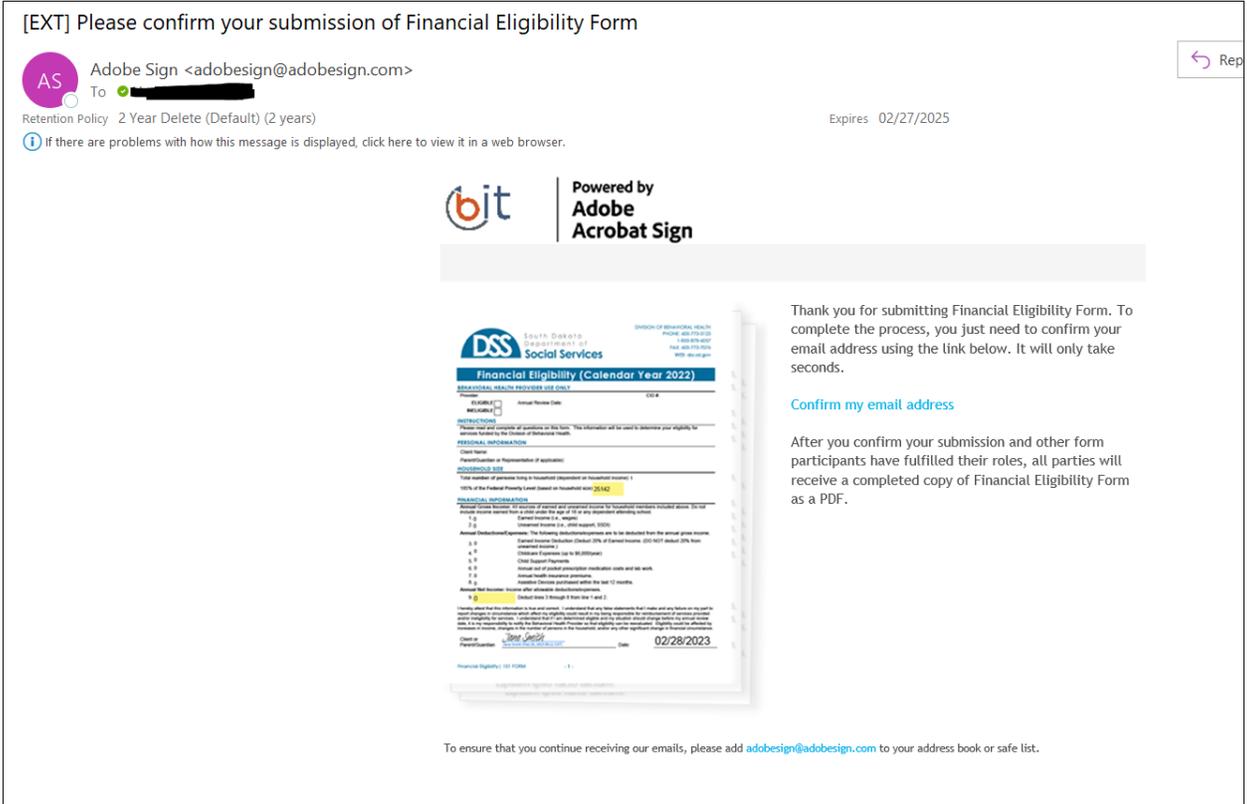
Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your input on "Financial Eligibility Form" until you've confirmed.

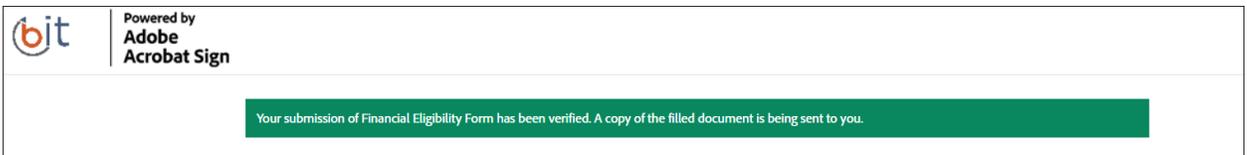
11. Open email.



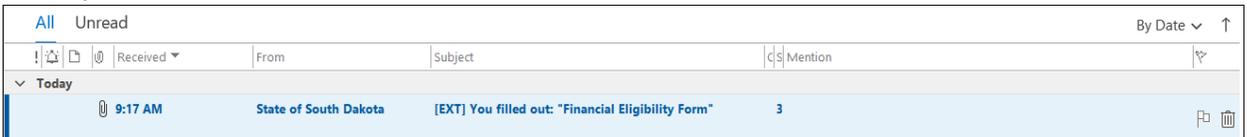
12. Click on "Confirm my email address".



13. Notice



14. Check your email.



15. Open email.

[EXT] You filled out: "Financial Eligibility Form"

SO State of South Dakota <adobesign@adobesign.com>
To [REDACTED]

Retention Policy 2 Year Delete (Default) (2 years) Expires 02/27/2025

Financial Eligibility Form - signed.pdf
316 KB

 Powered by
**Adobe
Acrobat Sign**



You're done filling
Financial Eligibility Form

Open agreement

Attached is the final agreement for your reference. You can also [open it online](#) to review its activity history.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

© 2023 Adobe. All rights reserved.

16. A copy will go to the state, but DO NOT consider this a submission for a hardship consideration. Providers must follow the hardship consideration process described within their contract.